

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket No. (Optional)</b> 01010/1006959-US4	
In re Application of     Howard L. Weiner			
Application Number 08/469,492		Filed June 6, 1995	
For:     BYSTANDER SUPPRESSION OF AUTOIMMUNE DISEASES			
Art Unit     N/A		Examiner     Not Yet Assigned	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$ _____        |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$ _____        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$ _____        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$ _____        |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$     2,010.00 |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     04-0100

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☒ attorney or agent under 37 CFR 1.34(a).

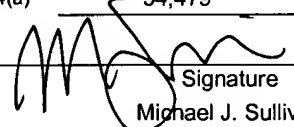
Registration number if acting under 37 CFR 1.34(a)     54,479

March 1, 2004

Date

(212) 527-7700

Telephone Number

  
Signature  
Michael J. Sullivan

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of     1     forms are submitted.

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02 FC:1255

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Express Mail Label No.

Dated: \_\_\_\_\_